

respondents still engage in the use of common 'local blade' to cut their hair, 93% of the respondents engage in the use of local finger-nail cutters to cut their nails, this people move from house to house to cut nails, a further 96% of the respondents engage in traditional tattooing for beauty and fashion.

Other traditional ways of life which was seen to increase the spread among the people include: drug use, wife inheritance and sharing, and strong dislike for condom usage in the North.

**Conclusion:** Despite the high risk of transmission of HIV/AIDS among the populace, the Hausa still do not believe that there is a strong link between all these factors and HIV/AIDS. To combat the scourge and the epidemic among the Hausa people, effort should be made by the Government and other stakeholders on HIV/AIDS to work among this group of people.

Finally, due to the fact that this group of people is backward educationally, effort should be made to introduce free education at all levels to the Hausas of Northern Nigeria.

**PP-059** **Diagnosis and treatment of 10 patients with AIDS complicated with tuberculosis of mesenteric lymph nodes**

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**Objective:** To study clinical features of the AIDS complicated with tuberculosis of mesenteric lymph node for improving diagnosis and treatment of the disease. **Methods:** Collection and analysis of the comprehensive clinical data of 10 inpatients with AIDS complicated with tuberculosis of mesenteric lymph nodes in our hospital from September 1999 to March 2008.

**Results:** The patients suffered from fever (accounting for 100%), night sweat (60%), weight loss (90%), abdominal distension (100%), diarrhea (60%), anemia (50%). The PPD (purified protein derivative) Skin Test of all the patients presented negative, and anti-acid bacillus staining in sputum with 2 cases positive. Abdominal ultrasound showed multiple enlarged mesenteric lymph nodes in 10, enlarged para-aortic lymph nodes in 2, abdominal mass in 3, ascites in 1, Abdominal CT scanning presented typical enhanced ring shadow with critical diagnostic value. Biopsy of mesenteric lymph node in 1 case showed caseous necrosis, Longerhan's cells infiltration, positive for fast anti-acid bacillus staining (AFB).

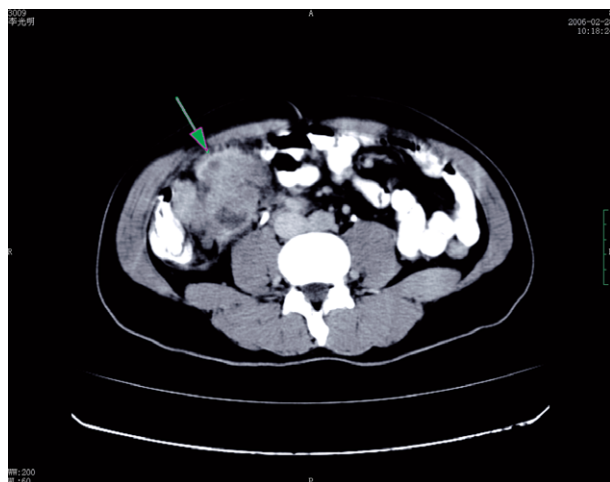


Fig. 1. CT scanning with typical node strengthened ring shadow.

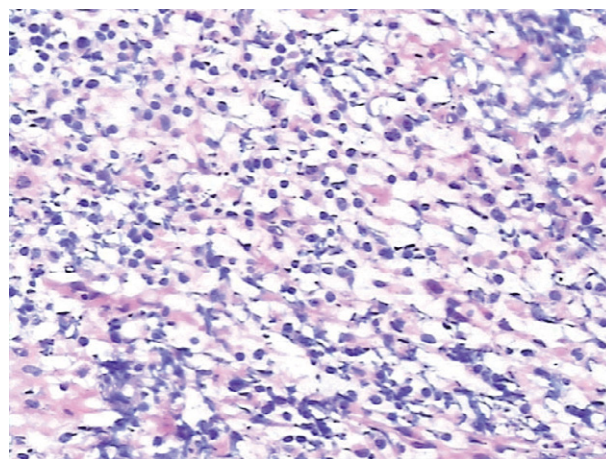


Fig. 2. Biopsy of mesenteric lymph.

**Conclusions:** The number of the patients with AIDS complicated with tuberculosis has gone up every year, and TB often disseminated too many other extrapulmonary organs of hosts from pulmonary field in these patients. Particularly, AIDS patients with CD4 cell count <50/ul more tend to develop TB of mesenteric lymph nodes. Abdominal ultrasound showing multiple enlarged lymph nodes and abdominal CT scanning with typical strengthened ring shadow can be served as the diagnostic standards, and pathologic mesenteric lymph node biopsy can confirm the diagnosis. Anti-tuberculosis therapy combined with highly active antiretroviral treatment was a good option for the management of the patients.

**PP-060** **Study of HIV positive cases attending Voluntary Counseling and Testing Center (VCTC) – A gender perspective**

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**Research Question:** What are the gender perspective differences in the HIV positive patients attending VCTC, Baroda – India?

**Objectives:** 1. To find out the possible high risk behavior of having acquired HIV/AIDS. 2. To understand the social support system and gender discrimination. 3. To find out health seeking behavior.

**Methodology:** A semi structured and pretested proforma is used to interview HIV positive patients attending VCTC located at SSG Hospital, Vadodara. Prior verbal and written consent was taken before starting each interview. This cross sectional study included HIV positive 50 male and 50 female (>13 yrs) cases attending VCTC during April–July 2007. Analysis is done by Epi info 6.04 d statistical package.

**Results and Discussion:** In 45% cases, spouses were HIV positive while 31% cases didn't know of the HIV status of their spouse. 26% HIV positive patients had a past history of blood transfusion. More males presented with history of premarital sex (83%), extramarital sex (64%), multiple sex partners (84%) and sexual activity (85%) even after HIV infection. More number of females experienced careless behavior/neglect (65%) after HIV status disclosure to their spouse while 71% of females experienced careless behavior from their family. Out of 9% cases 75% females were the culprit of domestic violence. Majority of males (59%) had contacted private clinic/hospital initially for their health problems while 70% female patients contacted government hospital for their problems. 3 females were forced to contact quack by their spouse.

**Conclusion:** More males were presented with premarital, extramarital sex and multiple sex partners and females were more vulnerable. Health seeking behavior of females was affected by male dominance and their economic dependency on others.

**PP-061 Clinical study of patients with hand, foot, and mouth disease associated with aseptic meningitis and encephalitis**

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**Background:** In Beijing, from May to August, 2008, an epidemic of hand, foot, and mouth disease (HFMD) occurred with central nervous system (CNS) complications. **METHODS:** Clinical data of 91 inpatients who suffered from HFMD associated with aseptic meningitis and 54 HFMD cases associated with encephalitis were retrospectively analyzed, and were compared with 151 HFMD children without CNS complications.

**Results:** 91 cases with a mean age of  $44.5 \pm 32.6$  months, had associated aseptic meningitis, and all survived. The most frequently associated symptoms were vomiting (84.6%), myoclonic jerks (60.4%), neck stiffness (54.9%) and headache (47.3%). 54 children with encephalitis (mean age  $19.8 \pm 13.0$  months) had symptoms of altered consciousness (68.6%), myoclonic jerks (77.2%), convulsions (27.8%), and cranial nerve involvement (18.5%). 3 cases died of neurogenic pulmonary edema. Among 54 children, 15 patients (27.8%) had associated acute flaccid paralysis (AFP). The MRI of 7 cases displayed myelitis, and 3 cases displayed brainstem encephalitis. 7 of 15 children still had neurologic deficits when they were discharged. There was a very significant difference in age of onset between children with aseptic meningitis and those associated encephalitis ( $P < 0.01$ ). Most of abnormal neurologic findings except AFP occurred from days 2 to 4 of the clinical course. All 151 children without CNS complications recovered. Compared with non CNS involved HFMD patients, fever in the CNS complications group was longer ( $P < 0.01$ ) and higher ( $P < 0.05$ ), and hyperglycaemia and leucocytosis were more common ( $P < 0.01$ ) (Table 1).

Table 1: Clinical feature of aseptic meningitis and encephalitis

Number of cases	Aseptic meningitis group	Encephalitis group
Total cases	91	54
Vomiting	77 (84.6%)	6 (11.1%)
Myoclonic jerks	55 (60.4%)	39 (77.2%)
Neck stiffness	50 (54.9%)	0
Headache	43 (47.3%)	3 (5.6%)
Altered consciousness	0	37 (68.6%)
Convulsions	0	15 (27.8%)
Cranial nerve involvement	0	10 (18.5%)
Acute flaccid paralysis	0	15 (27.8%)
Death	0	3 (5.6%)

**PP-062 Eliminating risk of transferring infection with mouth-to-mouth breathing in CPR, with a new technique for CPR**

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**Introduction:** A biomedical engineer at Purdue University has developed a new method to perform cardiopulmonary resuscitation that promises to be more effective than

standard CPR and eliminates risk of transferring infections with mouth-to-mouth resuscitation. Geddes has developed the first new CPR alternative, called "only rhythmic abdominal compression", or OAC-CPR, which works by pushing on the abdomen instead of the chest.

**Content:** Conventional CPR has a success rate of 5 percent to 10 percent, depending on how fast rescuers are able to respond and how well the procedure is performed. In standard chest-compression CPR, which has been in practice since the 1960s, the rescuer pushes on the chest and blows into the subject's mouth twice for every 30 chest compressions. However, the risk of infection is so grave that many doctors and nurses often refuse to administer mouth-to-mouth resuscitation. In one 1993 study of 433 doctors and 152 nurses, 45 percent of doctors and 80 percent of nurses said they would refuse to administer mouth-to-mouth resuscitation on a stranger. In OAC-CPR, no rescue breaths are needed, an important factor because it eliminates risk of transferring infections with mouth-to-mouth resuscitation. Although the American Heart Association (AHA) has available small packets containing a mouth guard, the average person in a park who attempts CPR on a stranger likely does not have one immediately available. Another benefit of OAC-CPR is that it eliminates rib fractures, which are commonly caused by compressing the chest if you push too hard, but if you don't push hard you won't save the person. It requires only one rescuer. Instead of two breaths for every 30 chest compressions, the new procedure provides a breath for every abdominal compression because pushing on the abdomen depresses the diaphragm toward the head, expelling air from the lungs. The release of force causes inhalation. If you pushed on the abdomen after each chest compression you could double the CPR blood flow. The procedure provides a new way to effectively perform "coronary perfusion".

**Conclusion:** Whether the procedure gains widespread acceptance depends on whether other researchers can reproduce the results.

**PP-063 The Research of signal transduction mechanism in Ana-1 Cells infected by Influenza Virus (FM1) and the Intervention of Dureping Injection**

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**Objective:** Observe the effect of Heat-clearing and Detoxifying Herb Dureping injection (DRP) on key proteins and cytokines of TLR7 signal passageway in Ana-1 cells infected by Influenza Virus (FM1). Study the Signal Transduction Mechanism in Ana-1 Cells induced by FM1 and the Intervention of Dureping Injection.

**Method:** Group four cell control group, FM1 infected group, DRP1 $\mu$ g/ml group and DRP 10 $\mu$ g/ml group. After giving DRP 12h and 24h, detect the mRNA transcriptional level of TLR7, MyD88, TRAF-6, IRAK-4 and NF- $\kappa$ B p65 by Real-Time PCR; the protein level of NF- $\kappa$ B p65 by Western-Blot; the content of these cytokines: RANTES, MIP-1 $\alpha$ , IP-10, IL-6 and IFN- $\beta$  by ELISA in different groups.

**Results:** The mRNA transcriptional level of TLR7, MyD88, TRAF-6, IRAK-4 and NF- $\kappa$ B p65 in Ana-1 cells infected by FM1 is apparently down regulated by DRP ( $p < 0.01$ ). The protein expression of NF- $\kappa$ B p65 of Ana-1 cells infected by FM1 is also apparently down regulated by DRP ( $p < 0.01$ ). The protein level of cytokines: RANTES, MIP-1 $\alpha$ , IP-10, IL-6 of Ana-1 cells infected by FM1 is apparently down regulated by DRP ( $p < 0.01$ ). But the protein level of cytokine IFN- $\beta$  of Ana-1 cells infected by FM1 is apparently up regulated by